

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90018 037 \*\*\*\*50.00

**DOCUMENT # L01000007886**

1. Entity Name  
M.H. BEAL, L.L.C.



Principal Place of Business  
916 NORTH BEAL PKWY.  
FT WALTON BEACH, FL 32547

Mailing Address  
916 NORTH BEAL PKWY.  
FT WALTON BEACH, FL 32547

**24064714**



01182004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3719848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FOSTER, WILLIAM SCOTT  
909 MAR WALT DR., STE. 1014  
FT WALTON BEACH, FL 32547

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
MCDONALD, JAMES H JR.  
STREET ADDRESS  
925 MARNAN DR.  
CITY- ST- ZIP  
FT WALTON BEACH, FL 32547

TITLE  
NAME  
HARRISON, TARA L  
STREET ADDRESS  
1188 CATHRIDGE TRACE  
CITY- ST- ZIP  
FT WALTON BEACH, FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** **JAMES H. MCDONALD JR**

**4/20/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #